



CITY OF ATLANTA

OFFICE OF CONTRACT COMPLIANCE
55 TRINITY AVENUE, SW, SUITE 1700
ATLANTA, GEORGIA, 30303
OFFICE (404) 330-6010

Limited Liability

Dear Prospective Minority, Female Business Enterprise Applicant:

Thank you for your interest in becoming a certified participant in the City of Atlanta Equal Business Opportunity (EBO) Program as an African American Business Enterprise (AABE), a Female Business Enterprise (FBE), a Hispanic American Business Enterprise (HABE) or an Asian (Pacific Islander) American Business Enterprise (APABE).

The first step in having your business certified with the City of Atlanta is to obtain a City of Atlanta Supplier ID (vendor) number. The procedure to obtain a Supplier ID is a free, automated process that can be accomplished on-line. To register with the City of Atlanta and receive a vendor number, please do the following:

- 1) Go to the City's website: www.atlantaga.gov
- 2) Click on the link "Doing Business" drop down to Suppliers
- 3) Click on the link "Office of Contract Compliance"
- 4) Scroll down to section entitled "City of Atlanta Certification Process" and click the "here" link to access the iSupplier portal and begin the process to obtain your supplier ID.

For more information regarding the **Supplier ID Registration phase only**, please contact Seana Nash at snash@atlantaga.gov or 404-330-6203.

ALL questions on the certification application must be answered completely and ALL requested documentation must accompany the application. Failure to complete portions of the application and provide the required documentation will delay the certification process or result in denial of certification.

The information on the application must be true and accurate to the best of the applicant's knowledge. The application must be signed and notarized. The information requested is for use by the Office of Contract Compliance only and will be kept confidential to the extent allowable by law.

Your business must be located within one of the following twenty county areas to be considered for certification in the City of Atlanta Equal Business Opportunity Program. The twenty county areas includes: Barrow, Bartow, Carroll, Cherokee, Clayton, Coweta, Cobb, DeKalb, Douglas, Fayette, Forsyth, Fulton, Gwinnett, Henry, Newton, Paulding, Pickens, Rockdale, Spalding and Walton counties.

If your company is denied certification, you have the right to appeal the decision in accordance with the City of Atlanta Code of Ordinances §2-1456.

If you have any questions regarding the certification phase, please contact Certification in the Office of Contract Compliance at (404) 330-6010.

Very sincerely,

Hubert Owens

DOCUMENTS TO BE SUBMITTED

Required Documents for All Applicants:

- ____ 1. **Vendor Number***
- ____ 2. Bank Signature Card
- ____ 3. Proof of Minority or Female Status (birth certificate with Picture I.D. or Passport)
- ____ 4. Copy of current Business License which shows that company is located in one of the following 20 counties: Barrow, Bartow, Carroll, Cherokee, Clayton, Cobb, Coweta, DeKalb, Douglas, Fayette, Forsyth, Fulton, Gwinnett, Henry, Newton, Paulding, Pickens, Rockdale, Spalding, and Walton
- ____ 5. Current résumé of all principals of company showing Education, Training, Employment and Experience with dates
- ____ 6. Provide copy of the lease, rental, or management agreement for business premises, including local business telephone number
- ____ 7. Organizational Chart
- ____ 8. **Email Address***
- ____ 9. **Tax ID Number***
- ____ 10. All applicants must choose between one (1) and three (3) NAICS codes
- ____ 11. URL (web) Address

***Applications will not be processed without this information**

A. Additional Requirements for a Corporation

- ____ 1. Previous two years Federal Corporate Tax returns including all schedules
- ____ 2. Certificate of Incorporation, and Articles of Incorporation, including Amendments
- ____ 3. Minutes of First Corporate Organizational meeting
- ____ 4. Minutes of any subsequent meeting during which changes in the ownership and/or management of corporation are discussed
- ____ 5. Corporate By-Laws
- ____ 6. Copy of all stock certificates issued to date (include front and back sides of any canceled or replaced certificates (do not include a specimen copy)
- ____ 7. Copy of corporate stock ledger
- ____ 8. If you are incorporated outside the State of Georgia, include a copy of the firm's Certificate of Authority to conduct business in the State of Georgia

B. Additional Requirements for a General Partnership

- ____ 1. Previous two years Federal Partnership Tax returns, Form 1065, including all schedules
- ____ 2. Partnership Agreement and Amendments which reflect change in ownership or profit sharing
- ____ 3. Buy-out rights agreement (if separate)
- ____ 4. Profit Sharing agreement (if separate)
- ____ 5. Proof of capital invested (canceled checks, front and back)
- ____ 6. If Partnership was organized outside the State of Georgia, provide Certificate of Authority to do business in Georgia

C. Additional Requirements for a Limited Partnership

- ____ 1. Previous Two years Federal Partnership Tax returns, Form 1065, including all schedules
- ____ 2. Partnership Agreement and Amendments which reflect change in ownership or profit sharing
- ____ 3. Buy-out rights agreement (if separate)
- ____ 4. Profit Sharing agreement (if separate)
- ____ 5. Proof of capital invested (canceled checks, front and back)
- ____ 6. Certificate of Limited Partnership
- ____ 7. If Limited Partnership was organized outside the State of Georgia, provide certificate of authority to do business in Georgia

D. Additional Requirements for a Sole Proprietor

- ____ 1. Previous two years Federal Tax returns including all schedules
- ____ 2. Equipment rental and purchase agreement (if applicable)
- ____ 3. Proof of capital invested (canceled checks, front and back)

E. Additional Requirements for a Limited Liability Company

- ____ 1. Copy of the Article of Organization and the Certification of Organization
- ____ 2. Copy of the Statement of Organizers
- ____ 3. Copy of the Operation Agreement and all Amendments thereof
- ____ 4. Proof of capital invested (canceled checks, front and back)
- ____ 5. Prior two years of Federal Tax Returns of Limited Liability Company, including all schedules ____ 6. If Limited Liability Company was organized outside the State of Georgia, provide certificate of authority to do business in Georgia
- ____ 7. If LLC is a conversion of another form of business - include Certificate of Election from Georgia Secretary of State

The EBO Affidavit and all supporting documents must be submitted together. All supporting documents relevant to your legal form of business enterprise (corporation, general partnership, limited partnership, sole proprietor or limited liability company) must also be submitted with the EBO Affidavit. Failure to submit all the required documentation will result in a delay in the processing or denial of certification of your business.

Completed applications may be mailed or presented to the office; **NO** faxed copies will be accepted.

Submit all completed documents with alphabetized tabs to:

City of Atlanta
Office of Contract Compliance
55 Trinity Avenue, SW, Suite 1700
Atlanta, Georgia 30303-0321

Dear Prospective Minority, Female Business Enterprise Applicant:

This page is to help you properly identify NAICS Codes for your industry for EBO Certification.

Our list of NAICS Codes is located on the City of Atlanta website at www.atlantaga.gov. From the home page, roll the cursor over the “**Doing Business**” link, then select “**Suppliers**”. Once there, click the link “**Office of Contract Compliance**” and navigate to the OCC webpage. Next, scroll down to **NAICS Look up Tool** and click the link, taking you to the NAICS search tab. Enter the keyword or description for your industry in the search field and click “**Submit**”. Scroll down the page to view the results.

If you have any questions, please contact the Office of Contract Compliance at (404) 330-6010.

Please list up to three (3) NAICS Codes below:

**EQUAL BUSINESS OPPORTUNITY (EBO)
CERTIFICATION AFFIDAVIT
FOR**

Name of Enterprise

Supplier ID#

Tax ID#

Email Address

City of Atlanta Project Pending?

Yes ☐ **No** ☐

Bid Due Date:_____

FC#_____

Name of Project:_____

The information supplied herein by an authorized individual shall clearly identify and evidence the extent of minority and/or female ownership and control of this business enterprise.

All required supporting documents must be included, along with the signature of the authorized persons affixed where ever requested. This EBO Affidavit must be signed and notarized prior to evaluation by the Office of Contract Compliance.

*Note: All items on this EBO Affidavit must be completed and submitted to the Office of Contract Compliance at the same time.

Definitions:

City of Atlanta Ordinance Section 2-1443 sets out the definitions for "African American", "African American Business Enterprise" (AABE), "Asian (Pacific Islander) American Business Enterprise" (APABE), "Bid", "Bidder", "Commercially Useful Function", "Controlled", "Eligible Project", "Female Business Enterprise", (FBE), "Hispanic American Business Enterprise" (HABE), "Joint Venture", "Minority Business Enterprise", (MBE).

"Minority Business Enterprise (MBE)": a business which is an independent and continuing operation for profit, performing a commercially useful function and which is owned and controlled by one or more minority group members, as defined in Section 2-1356, which group has been determined to have suffered discrimination requiring amelioration as defined in Section 2-1445(23), (24) and is certified as such by the city.

"Owned": the minority or female owner, shall possess an ownership interest of at least 51 percent of the business; such ownership shall be real and continuing and shall go beyond the mere indicia of ownership of the business reflected in the ownership documents; and the minority or female owner shall enjoy the customary incidents of ownership and shall share in the risks and profits commensurate with their ownership interests, as demonstrated by an examination of the substance, rather than the form of ownership arrangements.

"Controlled": the minority or female shall possess and exercise the legal authority and power to manage business assets, good will and daily operations of the business; and actively and continuously exercise such managerial authority and power in determining the policies and directing the operations of the business.

APPLICANT IS APPLYING FOR CERTIFICATION AS:

<input type="checkbox"/> African American Business Enterprise (AABE)	<input type="checkbox"/> Corporation
<input type="checkbox"/> Female Business Enterprise (FBE)	<input type="checkbox"/> Partnership
<input type="checkbox"/> Hispanic Business Enterprise (HABE)	<input type="checkbox"/> Sole Proprietor
<input type="checkbox"/> Asian (Pacific Islander) American Business Enterprise (APBE)	<input type="checkbox"/> Limited Partnership
	<input type="checkbox"/> Limited Liability Co.

Select from the business categories on the list included with this packet, up to three (3) specific areas under which your business should be listed in the City of Atlanta's EQUAL BUSINESS OPPORTUNITY REGISTER

In an effort to become certified for participation in the City of Atlanta's EQUAL BUSINESS OPPORTUNITY PROGRAM, affiant/applicant offers the following information as evidence of its qualifications:

1.

The name of the principal, owner, partner, or corporate officer is:

Title: _____

The mailing address is: _____

City: _____ County: _____ State: _____ Zip: _____

Telephone: () _____ Fax () _____

Pager: () _____ Mobile: () _____

Email Address: _____

2.

A. Is the principal, owner a citizen of the United States? _____yes _____no

B. If NO, is the principal, owner a lawful permanent resident of the United States?
_____yes _____no

3.

A. Previous certification or approval as an M/FBE with the City of Atlanta?
_____yes _____no

B. Previous certification or approval as an M/FBE with any other governmental agency?
_____yes _____no

C. If you answered YES to any of the above questions, please provide a copy of the respective certifications, approval letters or certificates and attach them to this EBO AFFIDAVIT.

D. Denial of certification as an M/FBE by any governmental agency?
_____yes _____no

E. If YES, submit copy of denial document.

F. Has there been participation and involvement by any of the principals in another firm wherein there has been a challenge, appeal or suspension of M/FBE certification by the City of Atlanta or any other governmental entity?
_____yes _____no

G. If YES describe the following: (a) the name of the enterprise, (b) the name of the principal, (c) whether the action was a suspension, (d) whether the enterprise filed a formal appeal, (e) the Name of the governmental agency (including phone number) and (f) the current status of the challenge, appeal and/or suspension is:

4.

Are there any licenses or accreditations required to engage in the business of your enterprise?
_____yes _____no

TYPE	ISSUED TO	ISSUED BY	DATE ISSUED

5.

The business was started, formed and/or acquired by its present owners on _____20__ in the following manner:

_____ Bought as existing business _____ Started as new business

_____ Secured Franchise _____ Merger or consolidation

Other Manner; explain _____

6.

If the business previously operated under another name, please provide the previous name and address of the enterprise:

7.

Are the owners, partners or principals of the enterprise affiliated with any other firm(s) as employees, shareholders, directors, members, or owners?

_____yes _____no

If YES, they are:

Name of Person affiliated with another firm	Person's title at affiliated firm.	Name of affiliated firm.	Affiliated Firm Telephone Number

8.

The total amount of monies and all items of any value owed to the enterprise by any and all firm principals and/or spouse(s) or family members of principals:

Title/Name	Reason for Debt	Amount of Debt	Date Issued/Due

9.

The total amount of monies and all items of any value which the enterprise owes to any shareholder, partner, principal, officer or member of the applicant enterprise or any spouse or sibling of the applicant enterprise:

Title/Name	Reason for the Debt	Date Issued/Due

10.

The assets of the applicant/business, including real estate holdings, trade equipment, office furnishings and office equipment include:

Description of Asset	Real Dollar Value	Type of Lien/Encumbrance upon the Property

11.

_____ is a **LIMITED LIABILITY COMPANY**
(Name of Business Enterprise)

whose "Certificate of Organization" was issued by the Georgia Secretary of State

on _____ 20_____, and any amendment(s) thereto have

been filed with the Clerk of the Superior Court of _____
County, Georgia. the most recent Annual Registration and appropriate fee for the same has been appropriately submitted.

12.

Is the applicant/LLC a conversion from another legal form of business?

_____yes _____no

If YES, then the form of the entity was _____and the name of

such entity was: _____

Please include a copy of the "Certificate of Election."

13.

The pro rata interest of the member(s) who have/has management rights is/are divided among the following members:

Member	Ethnic Group	Sex	Home Address	# of shares/ Percentage of the whole	Amount Paid	Date of Investment

14.

Are there any members who have assigned their financial interest or only have an economic interest with no management control?_yes___no

Member	Ethnic Group	Sex	Home Address	# of Shares/ Percentage of the Whole	Amount Paid	Date of Investment

15.

The limitation on the manager's liability is as follows:_____

16.

The name, title, sex and ethnic groups of the individuals of the business enterprise most responsible for:

Function	Name	Title	Sex	Ethnic Group
Determining what jobs the enterprise will undertake				
Project supervision				
Major Expenditures				
Hiring/Firing Personnel				
Preparing Job Estimates				
Submitting Quotations				
Reviewing Plans and/or Specifications				
Field Supervision				
Project Coordination				
Equipment Rental Leasing				
Purchasing of Equip. and Supplies				
Marketing and Sales				
Securing Insurance				
Securing Bonding				
Securing Employee Benefits				
Signing Surety Bonds				
Signing Payroll Checks				

17.

A. Have there been any amendments to the operation agreement?

_____yes _____no

B. Are there any Conversion Rights contained in the Operating Agreement or any amendments thereto?

_____yes _____no

If YES, explain: _____

C. What are the members voting interests involving all matters affecting the operation of the Limited Liability Company?

18.

Do the owners/members report the funds from the LLC as income for State and Federal Income tax purposes?

_____yes _____no

19.

The persons, firms, or entities with current loans?

Persons/Firms/ Source	Amount	Reason for the Loan	Conditions/Terms

20.

Briefly explain any provisions relating to members withdrawing and/or leaving the LLC:

21.

Is the company bonded? _____yes _____no

If YES, then the current bonding company, bonding limit, amount of any Letter of Credit, the issuing banking institutions, and a copy of the bonding letter.

Bonding Co./Address	Bond Limit	Issuing Bank	Dollar Value of Letters of Credit

22.

The LLC's Primary Banking Institution is:

Name of Bank	Address/City	Contact Person	Checking Account Number

The Name and Title of the person(s) whose signature is required to issue any checks for the payment of any and all expenses of the LLC including payroll and operational expenses are:

Name

Title

23.

A list of the annual salaries, bonuses and commissions of all members/management staff/personnel, including principals during the past 12 months (rounded to the thousands) is as follows:

Name	Title	Salary	Bonus	Commission	Deferred compensation.	Total

If no salaries, bonuses or commissions have been paid during the last 12 months, please provide a brief explanation:

24.

Equipment rented, leased or owned by the LLC for business purposes is as follows:

Equipment Type	Rented/Leased or owned	Name of Lessor	Lessor Phone Number	Initial and End Date of Contract

25.

Does the LLC share space with another enterprise? _____yes _____no

If YES:

Name of other Firm	Address	Type of Space	Relationship to Applicant/Principle

26.

What persons, firms or entities contributed equipment, finances or personnel to the LLC?

Name of Firm	Address/City	Telephone #	Amount and Type of Support Supplied

27.

Two(2) Current Customers of the LLC are:

Customer

Address/City

Telephone #

Description of Work Performed:_____

Customer

Address/City

Telephone #

Description of Work Performed:_____

28.

The Applicant Enterprise, _____, has performed as
(name of business enterprise)
a PRIME CONTRACTOR and has had the occasion to SUBCONTRACT work to the following firms:

Subcontractor	Address/City	Telephone #	Contract Date
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

The Applicant Enterprise _____ has performed
as a

(name of business enterprise)

SUBCONTRACTOR wherein the applicant's work was performed for the following PRIME
CONTRACTORS:

Prime Contractor Firm	Address/City	Telephone #/	Contract Date
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

The undersigned does hereby swear or affirm that the statements contained in this EQUAL BUSINESS OPPORTUNITY CERTIFICATION AFFIDAVIT and all attachments herein which have been provided in support of the foregoing application for certification are true, accurate, complete and includes all information necessary to identify and explain the ownership and operation of

(name of business enterprise)

Further, the undersigned does covenant and agree to provide the City of Atlanta's Office of Contract Compliance with current, complete and accurate information regarding this Affidavit, its attachments or any other information deemed reasonably relevant to any project or contract issued by the City of Atlanta. The undersigned further agrees that as part of this certification procedure, OCC may freely contact any person or organization named in this application to verify statements made in this application and/or to secure additional information or data required to grant to, or withhold from the applicant enterprise certification as a Minority-Owned Business Enterprise or a Female Business Enterprise. The undersigned understands and agrees that failure to submit required materials and/or to consent to interview(s), audit(s), and/or examination(s) will be grounds for immediate rejection of this application for certification or re-certification. It is recognized and acknowledged that the statements contained in this application are being given under oath and that any material misrepresentation shall be construed and deemed to be subject to Section 106-90 of the City of Atlanta's Criminal Code of Ordinances in addition to being grounds for denial of certification or for de-certification and may result in the denial of an award or the termination of contracts which may have been awarded as a result of the information contained in this application.

The undersigned further acknowledges that information contained in this application may be shared with any public department or agency so long as the sharing of such information is in reasonable furtherance of the OCC investigation. It is further understood that certification will be revoked if after proper investigation by OCC, the applicant is determined to be engaging in activities which circumvent the intent of the EBO Program.

PROHIBITIONS AGAINST FALSE AND FRAUDULENT REPRESENTATIONS TO THE CITY

Pursuant to Atlanta City Code Section 106-90, it shall be unlawful for any person, knowingly and willfully and with intent thereby to mislead either on such person's own behalf or on behalf of others, as principal or agent, to make or file orally or in writing any false representations of fact to any department of City government. The City will impose applicable penalties and sanctions against any person making such false representation in connection with the City's Equal Business Opportunity Program. In addition, the City will seek all available remedies under Georgia and Federal statutes against any person who knowingly, willfully or fraudulently attempts to obtain certification as a minority or female business enterprise.

ATTESTATION: I CERTIFY THAT ALL REPRESENTATIONS IN THIS EQUAL BUSINESS OPPORTUNITY CERTIFICATION AFFIDAVIT ARE CORRECT AS OF THE DATE STATED. THE UNDERSIGNED FURTHER ACKNOWLEDGES THAT CERTIFICATION IS NORMALLY REVIEWED EVERY TWO YEARS, HOWEVER, THE OFFICE OF CONTRACT COMPLIANCE RETAINS THE RIGHT TO RE-EVALUATE THE CONTENTS OF THIS APPLICATION AT ANYTIME. THE UNDERSIGNED ALSO SWEARS OR AFFIRMS THAT THE COPIES OF THE RECORDS WHICH ARE ATTACHED HERETO AND IDENTIFIED WITH ALPHABETIZED TABS ARE TRUE AND CORRECT COPIES OF THE BUSINESS RECORDS AS MAINTAINED BY THE UNDERSIGNED ON BEHALF OF

(Name of Enterprise)

Name of Person Signing: (Print)_____

Title of Person Signing: (Print)_____

Signature:_____

(Must match name of person signing)

Sworn to and Subscribed Before Me, this Day of _____

Notary Public (Must exhibit seal and stamp to be acceptable.)

CITY OF ATLANTA
Contract Employment Report

PLEASE TYPE OR PRINT IN INK. EACH APPLICABLE ITEM ON THIS FORM MUST BE COMPLETED.
INCOMPLETE FORMS WILL NOT BE PROCESSED.

NAME OF FIRM: _____ **TELEPHONE NO.:** _____

NAME OF OWNER: _____ **FAX NO.:** _____

MAILING ADDRESS: _____ **CITY:** _____

STATE: _____ **COUNTY:** _____ **ZIP CODE:** _____

PLEASE COMPLETE THE FOLLOWING INFORMATION:

WHAT TYPE OF BUSINESS WOULD YOUR COMPANY BE ENGAGED IN WITH THE CITY OF ATLANTA?

IS YOUR COMPANY AN AFFILIATE OR DIVISION OF A PARENT COMPANY?

IF YOUR COMPANY IS A DIVISION OF A PARENT COMPANY, A CONTRACT EMPLOYMENT REPORT FORM MUST BE COMPLETED FOR THE PARENT COMPANY AS WELL AS THE ATLANTA AREA DIVISION.

HAS YOUR COMPANY PREVIOUSLY RECEIVED AN EEO CERTIFICATION FROM THE CITY OF ATLANTA?

PLEASE LIST THE NUMBER OF EMPLOYEES IN EACH CATEGORY

	Management/ Officials		Professionals Arch, Engineers, etc		Supervisors		Office/Clerical/Sales		Craftsmen/ Laborers	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Black										
White										
Asian American										
Hispanic American										
Other										
TOTAL										

I CERTIFY THAT ALL REPRESENTATIONS ON THIS CONTRACT EMPLOYMENT REPORT FORM ARE CORRECT AS OF THE DATE STATED.

DATE

PRINT PREPARER'S NAME

PREPARER'S SIGNATURE

TITLE